1. **Is RTI required for cases that require immediate referral for special education services?**

While RtI supports are always available to all students, in some instances, an immediate referral for a Multidisciplinary Team (M-Team) Comprehensive Evaluation will be initiated, if the student demonstrates severe cognitive impairments, severe speech impairments, physical or sensory impairments, presents as a danger to self or others, or if parent requests an evaluation. If this occurs, a SST/PST Intervention Plan (FM# 6290) should be developed as the child awaits the M-Team Comprehensive Evaluation. For parent requests (for students suspected of having EBD or LD) Tier 3 interventions are developed, implemented, and monitored for response during the 60 day evaluation time line.

2. **When completing the GAP analysis, what data should be used to make peer comparisons? What is considered the “peer group”?**

Gap analysis occurs at every Tier as part of RtI. The focus of the analysis starts at the grade or class level at Tier 1, the intervention group level at Tier 2, and the individual level at Tier 3.

In Tier 1, the group gap is the difference between the percent of students at mastery from the Tier 1 goal of 80%. This can be measured by FCAT, FAIR or other data that indicates proficiency outcomes.

The comparison of the potential Tier 3 student to Tier 1 students is to the benchmark or proficiency standard and to the average or median performance of grade level peers. FAIR AP data, FCAT data or Interim Test data can be used.

In Tier 2, the group gap is the difference between the percent of students in the same Tier 2 intervention with a positive response and the overall Tier 2 goal of having 70% of students with a positive response.

The peer group comparison at Tier 2 for achievement level for potential Tier 3 students would be the average or median score of the Tier 2 group. The rate of progress comparison would be a poor or questionable response as compared to a better average group response.

In Tier 3, for problem identification, the gap for the individual can be based on a reasonable but ambitious goal that can range from a positive response to mastery, given the student’s starting point. Intervention effectiveness is measured against average rates of progress. Peer comparisons are made when there are differential average normal rates of progress for that students AYP sub group.

3. **Do all interventions used for the RTI process need to be “research-based”?**

At Tier 1 and Tier 2, instruction and interventions will always be research based. As the individual nature of each child’s needs receiving Tier 3 interventions varies, and we move away from a standard protocol, it is unlikely that specific intervention plans will have been researched or evidenced based. The components of the plan will usually include ways of increasing intervention specificity by reducing focus, and increasing intensity (more time, increased engagement, decreased group size).

Refer to the district’s Education Plan [http://curriculum.dadeschools.net/pdf/MDCPS-2010-EDUCATIONPLAN.pdf](http://curriculum.dadeschools.net/pdf/MDCPS-2010-EDUCATIONPLAN.pdf) and Comprehensive Research Based Reading Plan for specific intervention listings and the reading assessment/instruction decision tree.
4. **Does the Speech/Language Pathologist (SLP) provide interventions prior to requesting a comprehensive evaluation for possible language impairment?**

The SLP will be working closely with classroom teachers to provide assistance across the Tiers. In Tier 3, the SLP will work closely with the classroom teacher to provide language-based interventions for identified students. The student’s response to these interventions is then monitored and their response to the intervention is documented. Eligibility for the Language Impaired Program is based on student’s response to the intervention(s) as well as results of a standardized measure.

5. **What diagnostic assessments can be given without parental/guardian consent?**

IDEA indicates that parental consent is not necessary in the collection of data (which can include assessment) for the development of interventions. Parental consent is obtained on the screening form as a means to communicate, with the parent, the actions being considered to assist their child. Once a student is referred for a comprehensive evaluation to determine eligibility, parent permission is required to collect or review evaluation data which will be used for the purpose of determining eligibility.

6. **Can Voyager Adventure check points be used as the sole ongoing progress monitoring tool?**

No. These check points are part of the Tier 2- Voyager program and assess skill development (formative assessment) aligned with the intervention program for those students at Tier 2. They can be used to show overall effectiveness of Voyager as a Tier 2 intervention. The checkpoints are not adequate measures of ongoing progress or sufficient to provide data relative to individual response to intervention. Specific recommendations for ongoing progress monitoring of reading can be found at [www.fcrr.org](http://www.fcrr.org).

For those students in Tier 3, **weekly** ongoing progress monitoring must take place to assess the progress of skills related to the identified area of concern.

7. **What will the SLD Comprehensive Evaluation completed by the school psychologist look like?**

A comprehensive evaluation is completed for the purposes of summarizing the RtI process for an individual student for the explicit purpose of determining exceptional student eligibility for LD, EBD, and SI/LI. The comprehensive evaluation report will include such considerations as:

- reason for referral;
- social history;
- background information;
- a review of the exclusionary factors;
- a review of all RTI data collected across the three tiers of instruction and intervention,
  - a description of the hypothesis generation and verification methods and findings,
  - descriptions of interventions implemented,
  - evidence of fidelity of intervention implementation,
  - a determination of performance discrepancy, rate of progress and instructional need;
- classroom and testing observations conducted by the school psychologist;
- academic assessment; and
- any additional assessment as appropriate.
The comprehensive evaluation for all other kinds of referrals besides SLD, EBD and SI/LI will need to conform to the assessment requirements of the particular IDEA category.

8. **How long is long enough? Specifically, when do we move students from one tier to another?**

   **There is no set timeline.** For Tier 1, students should begin to receive intervention as soon as the RtI team has data indicating that a student is not meeting grade level academic standards or has significant risk of not meeting standards (based on screening or progress monitoring data). For Tier 2, a student should begin to receive Tier 3 supports when there is evidence that Tier 2 supports are producing a positive response for most students receiving them but not for the student of interest or, lacking evidence of the overall effectiveness of Tier 2, the student’s gap analysis reveals a significantly larger gap and slower progress than average for the students receiving the same Tier 2 intervention.

   For Tier 3, the team must consider three factors when determining appropriate expectations for intervention duration. First, the size of the gap between where the student is performing and grade level expectations must be considered. Second, the recommended or published guidelines for intervention duration, or the knowledge of the team regarding usual results seen with the same or similar interventions should be used. Thirdly, the sensitivity of the tool being used to measure progress. Each student is an individual and the committee must determine whether the rate of response will close or narrow the gap. The SST/PST team should reconvene at any time to make modifications and or changes to the intervention plan.

9. **If a student was referred for InD but does not qualify, how can we help him at Tier 3?**

   The SST/PST committee can use available data to create an intervention plan for implementation in Tier 3 for these students.

   The committee will have data at Tier 3 to review and use to make decisions on the student’s progress and need for additional support.

   If the student has a positive response to the intervention, then continue the plan as designed. If not, return to SST/PST and determine further action.

10. **What are the Tier 2 interventions for an ELL student and what instruments are to be used to progress monitor?**

    ELL’s who have been in the program for less than 2 years, receive 150 minutes of home language as their intervention. Progress Monitoring in Spanish: McGraw Hill LAS link (assessment in Spanish). Progress Monitoring in Haitian-Creole: Use assessment of basic skills in Haitian Creole.

    Voyager is the intervention program used for ELL students that have been in the ESOL program for more than 2 years. Use the PM available through Voyager.

11. **When is the FAB completed?**

    A FAB is completed when the student has not responded to Tier 1 or Tier 2 behavioral intervention(s) and requires an individualized behavioral intervention plan. For these cases, the FAB should be
completed prior to scheduling the SST/PST meeting. The Behavioral Intervention Plan (BIP) will be completed, implemented and monitored in Tier 3.

12. **What is the procedure in RtI for evaluating a student who is being home schooled or is in a private school?**

Districts must ensure that all reasonable efforts are directed toward communicating and working with home education parents and private school staff to obtain the required information regarding the nature of interventions implemented by the private school or parents and the students’ response. In the event that a private school or parent is unable or unwilling to assist in the process or provide the necessary information to meet the evaluation and eligibility requirements for a given disability, despite reasonable efforts by the district to provide support or obtain the information in other ways, the team may decide that there is not sufficient data to determine eligibility. In that case the student would be determined to be ineligible for ESE services.

(Copied from Haithcock memo 2011)

13. **Do charter schools follow the same RtI/SST/PST procedures as M-DCPS?**

Yes

14. **In the case of a Kindergarten student who is DD, which assessments other than the first and second FAIR are available midyear?**

A student entering Kindergarten as DD should automatically be given Tier 2 interventions and be monitored on a monthly basis. If the area of need is reading, Tier 1 should also be monitored through FAIR TDI’s on a more frequent basis to inform instruction (formative assessment). Voyager progress monitoring or DIBELS probes are two examples of progress monitoring tools that may be used at the Tier 2 level.

15. **What does the reevaluation process entail for those Developmentally Delayed (DD) students in Kindergarten?**

If SLD is suspected, RTI data will be required and the SST/PST procedures should be followed. All documents/data will be reviewed at time of staffing and considered at time of eligibility.

16. **What types of interventions are available for math and writing?**

Curriculum and Instruction are in the process of developing interventions. Visit [Intervention Central](http://www.interventioncentral.org/) for great interventions/strategies ideas. The school’s reading coach and/or math chair are great sources of intervention ideas.

17. **Who is responsible for collecting/documenting Tier 2 data?**

Each school must create an RtI plan that describes their OPM data collection and review process. As delineated in the CCRP, the school RtI team will review FAIR data to determine the intensity of Tier 2 intervention for students and the frequency of ongoing progress monitoring. Specific recommendations will be provided to schools prior to the 2011-2012 school year. In the mean time, the CCRP and FCRR give specific recommendations for Tier 2 OPM.